STATE OF SOUTH CAROLINA)	BEFORE THE
(Caption of Case)	PUBLIC SERVICE COMMISSION
Example: Application for a Class C Charter Certificate from	OF SOUTH CAROLINA
John Doe dba Doe's Limo	,
)	TRANSPORTATION COVER SHEET
Request to Cancel a Class C Taxi Certificate	DOCKET
Carolina Cab of Charleston, LLC	NUMBER: 2010 - 68 - T
ý	
)	If this is your first time filing an application with the PSC, you will not
)	have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned
(Please type or print)	and should be entered above.
Submitted by: Fonda Gethers	Telephone: (*) 843 - 209 - 7152
Address: \$ 918 Clubhouse Rd.	Fax: One
Ridgeville, SC 29472	Other:
<u> </u>	Email: (faethers@bellsouthing
NOTE: The cover sheet and information contained herein neither replace	s nor supplements the filing and service of pleadings or other papers
as required by law. This form is required for use by the Public Service C be filled out completely.	ommission of South Carolina for the purpose of docketing and must
NATURE OF ACTION	(Check all that apply)
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request
Application - Class C Stretcher Van	Exhibit
Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter
Application	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate	Reservation Letter
of Public Convenience and Necessity to be Rescinded	Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	
If you have any questions about this form, please contact the I	PUBLIC SERVICE COMMISSION at 202 206 5100

Print Form -

Reset Form



Request for Cancellation of Certificate

File the original with: Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
DATE:	
Please consider this a request to cancel i	my:
✓ Class C Taxi Certificate	Class A Restricted Certificate
Class C Charter Certificate	
Class C Charter Bus Certificate	
Non-Emergency Certificate	
Class E Household Goods Certificat	te
Class E Hazardous Wastes Certifica	ate
My Certificate Number is 8251-A	· · · · · · · · · · · · · · · · · · ·
Carolina Cab of Charleston, LLC	DBA
(Name of Company)	(If applicable)
(Street Address)	(Mailing Address if different from Street Address)
(City, State, Zip Code)	(City, State, Zip Code)
(Telephone Number)	Signature)
	(Title) Owner, President, etc.